

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>ms</i>		
O.P.E. CLASSIFIER		<i>43</i>	<i>10/9/98</i>
FORMALITY REVIEW		<i>64984</i>	<i>10 21 90</i>

INDEX OF CLAIMS

Rejected N ..... Non-elected  
 Allowed I ..... Interference  
 (Through numeral) Canceled A ..... Appeal  
 Restricted O ..... Objected

Claim	Date	Claim	Date	Claim	Date
1		51		110	
2		52		111	
3		53		112	
4		54		113	
5		55		114	
6		56		115	
7		57		116	
8		58		117	
9		59		118	
10		60		119	
11		61		120	
12		62		121	
13		63		122	
14		64		123	
15		65		124	
16		66		125	
17		67		126	
18		68		127	
19		69		128	
20		70		129	
21		71		130	
22		72		131	
23		73		132	
24		74		133	
25		75		134	
26		76		135	
27		77		136	
28		78		137	
29		79		138	
30		80		139	
31		81		140	
32		82		141	
33		83		142	
34		84		143	
35		85		144	
36		86		145	
37		87		146	
38		88		147	
39		89		148	
40		90		149	
41		91		150	
42		92			
43		93			
44		94			
45		95			
46		96			
47		97			
48		98			
49		99			
50		100			

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)